

CLASS C REINSTATEMENT FORM

221471
221472

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

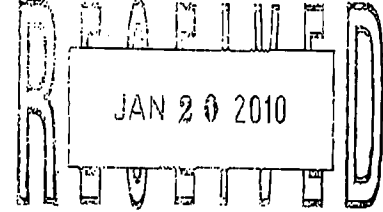
1999-441-T
2009-277T

DATE: 1-18-2010

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number PSC 6836
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

OFFICE OF REGULATORY STAFF



My certificate was revoked/cancelled on 10-14-09 because Not filing
2008 Annual Report (as per ORS info)
(DATE)

I am seeking reinstatement because It was not my intent to not
adhere to the Regulations; it was an oversight.
and received my 2009 Decal add further to my oversight
Skyview Company / Eddie J. Pinckney
(Name of Company) DBA (if applicable)

1903 Emanuel Street
(Street Address)

Georgetown, S.C. 29440
(City, State, Zip Code)

843-546-5010
(Telephone Number)

(Mailing Address if different from Street Address)

Eddie J Pinckney
(Signature)

Owner
(Title)

RECEIVED

JAN 11 2010

PSC SC
DOCKETING DEPT.

ORS Revised 9-12-08

Transportation CARRIER ANNUAL REPORT

CLASS C TAXI CARRIER NON EMERGENCY STRETCHER VAN
OF

Eddie J Pinckney

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

RECEIVED

JAN 21 2010

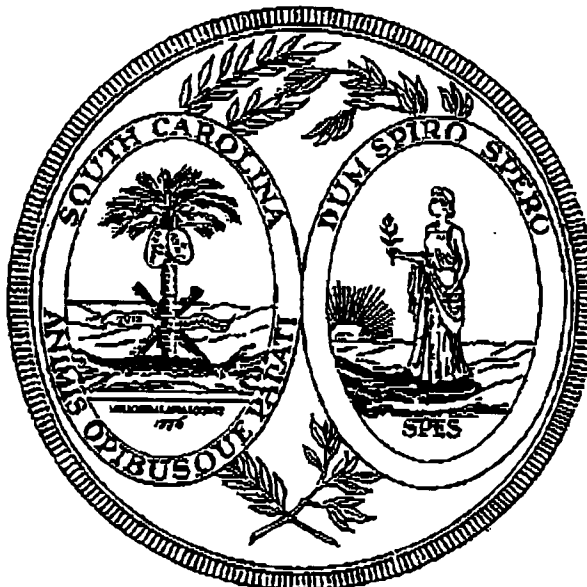
FOR THE YEAR ENDED 200⁹

☐ Calendar Year Ending December 31, 200⁹

or

☐ Fiscal Year Ending _____

ORS
T.T.W.W/W



Company Officers

Title of Officer	OWNER EDDIE J PINCKNEY
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name:			
Title:			
Street Address:	1903 EMANUEL		
City:	GEORGETOWN	SC	29440
Telephone Number:	(843-546 5010	E-mail:	

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency, Stretcher Van)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING**

CARRIER NAME SKYVIEW CAB COMPANY Eddie J. Pinckney
STREET ADDRESS _____

STREET ADDRESS _____ 1903 EMANUEL STREET

CITY, STATE, ZIP CODE _____ GEORGETOWN SOUTH CAROLINA 29440

MAILING ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER (AREA CODE) _____ 843-546-5010

FEDERAL IDENTIFICATION NUMBER

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ _____ 0

3. Rent \$ 0

4. Other \$ 0

5. Total Expenses \$ _____

6. Net Operating Income (Loss)S

7. Insurance Co. Name CANAL
No. of Vehicles Insured:

Policy No. PIA04368301

8. Decal Fees Paid YES () No (X) No. of Vehicles _____
(through June of Current Year)

CertificationState of SOUTH CAROLINACounty of GEORGETOWNI, Eddie J. Pinckney~~SKYVIEW 645~~ *delete*

Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Eddie J. Pinckney
1-20-2020

Signature

Date